

ELITE NURSING SERVICES, INC.

Application for Employment

Elite Nursing Service is an Equal Opportunity employer. We do not discriminate in employment based on race, color, creed, ancestry, sex, handicap, age, national origin, sex, religion, marital status, sexual preference, veteran status, status with regard to public assistance or re-employment rights.

*Please print

Date: _____ Name: _____
Last First Middle Initial

Address _____
Street name/number City State Zip code

Social Security #: _____ MN Driver's Lic. #: _____ Date of birth: ___/___/___

Home Telephone _____ Mobile _____ Email _____

How did you hear about our company? _____

List any training, certificate, etc. applicable to the position you are applying for _____

Educational Experience:

Name and location of School	Degree received? Yes/No	Type of certificate/degree	Area of Concentration

Are there any disabilities/restrictions that you work with? If so, list them _____

What form of transportation will you use for work? Bus ___ Vehicle: ___ Make: ___ Year: ___

Availability: Please fill out available times. Please be as accurate as possible:

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start time							
End Time							
Start Time							
End Time							

Work Experience: (Please list your present or most recent employment first)

Is it alright to contact your current employer? Yes ___ No ___ If no, state reason _____

Company's Name	From: Month ____ Year ____	To: Month ____ Year ____	Full Time ____ Part Time ____
Address	Position	Length of time	Supervisor
City State Zip	Reason for leaving	Last salary	Phone number

Company's Name	From: Month ____ Year ____	To: Month ____ Year ____	Full Time ____ Part Time ____
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City State Zip	Reason for leaving	Last salary	Phone number

I authorize any inquiry that may be necessary to authenticate the information contained in this application when and only when it is used in consideration for employment. Former employers named herein are authorized to provide information about my employment and performance.

If employed by Elite Nursing Services, I am aware that said employment is conditioned upon compliance with provisions of the Immigration Reform Control Act of 1986. Accordingly, I will provide to Elite Nursing Services, Inc., proof of my identification and legal right to live and work in the United States of America.

I understand that misrepresentation or omission of facts about me will be cause for cancellation of employment consideration or immediate dismissal if already employed.

Applicant's Signature _____ Date _____

DO NOT WRITE BELOW THIS POINT

(FOR OFFICIAL USE ONLY)

Received by: _____ Date: _____ Time: _____

Interviewed by: _____ Date: _____ Time: _____

Comments: _____